



# PART B - FEE(S) TRANSMITTAL

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Handwritten initials 'B/A' and a signature.

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7590

04/08/2002

Keith Kline  
PRO-TECHTOR INTERNATIONAL SERVICES  
20775 Norada Court  
Saratoga, CA 95070-3018

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## Certificate of Mailing

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

|                    |                    |
|--------------------|--------------------|
| Keith Kline        | (Depositor's name) |
| <i>Keith Kline</i> | (Signature)        |
| 7/5/02             | (Date)             |

09/768,987

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/768,987      | 01/23/2001  | Wen Chuan Chen       | 2011005             | 4203             |

TITLE OF INVENTION: STRUCTURE OF STACKED INTEGRATED CIRCUITS AND METHOD FOR MANUFACTURING THE SAME

| TOTAL CLAIMS | APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|--------------|----------------|--------------|-----------|-----------------|------------------|------------|
| 6            | nonprovisional | YES          | \$640     | \$300           | \$940            | 07/08/2002 |

| EXAMINER         | ART UNIT | CLASS-SUBCLASS |
|------------------|----------|----------------|
| POTTER, ROY KARL | 2822     | 257-777000     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☐ Publication Fee

☐ Advance Order - # of Copies \_\_\_\_\_

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

*Keith Kline*

(Date)

7/5/02

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07/10/2002 08EDREB1 00000163 162497 09768987

01 FC:242

640.00 CH

02 FC:195

300.00 CH

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